

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000647

FILED
Jan 04, 2005
Secretary of State

Entity Name: 16065 SO. TAMIAMI TRAIL LIMITED LIABILITY COMPANY

Current Principal Place of Business:

16065 S. TAMIAMI TRAIL
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16065 S. TAMIAMI TRAIL
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 65-1067847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCIS, ROBERT L
16065 S. TAMIAMI TRAIL
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FRANCIS, ROBERT L
Address: 15432 BRIAR RIDGE CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: FRANCIS, SHARON L
Address: 15432 BRIAR RIDGE CIRCLE
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: FRANCIS, ROBIN R
Address: 15432 BRIAR RIDGE CIRCLE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHARON FRANCIS

MGRM

01/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date